

			Form	n: PTO/SB/17 (Modified	
/	\$	Attorney Docket No.	62-226-1		
		Application Number	09/225,687	A.	
REPLY/AMENDMENT FEE TRANSMITTAL		Filing Date	1/6/1999	APP CEIL	
		First Named Inventor	Mills	7 />2 (2)	
		Group Art Unit	1754	17003	
JNT ENCLOSED	\$ 465	Examiner Name	Langel	90	
	FEE CA	LCULATION (fees effective 10	0/01/97)	#34/	
				7	

		<u></u>		Group Ar	t Unit	1754	4		1700
AUDUNT ENCLOSED \$ 465				Examiner Name			Langel		
		FEE C	ALCULA	ATION (fe	es effective 10	/01/97	")		#39
CLAIMS AS AMENDED	AS Claims Remaining H			Highest Number Number Previously Paid For Extra				Rate	Calculation
TOTAL CLAIMS	90	0	101		0	(3)	X	\$18.00 =	
INDEPENDENT CL	AIMS 2	2	4		0		Х	\$78.00 =	
Since an Official for an extension (1 month (\$110 months	n to cover t	he date this rep	oly is filed	for which th	ne requisite fee	e is en	close	ed	930
If Statutory Disc	claimer und	der Rule 20(d) is	s enclosed	d, add fee (\$110)				+
				»-	Total of	above	e Cal	culations =	\$930
1	Reduction I	by 50% for filing	by small	entity (37 (CFR 1.9, 1.27	& 1.28	3)		-465
/// If onto /// in long the		(2) in *0*			*	TOTA	L FE	ES DUE =	\$465
(1) If entry (1) is less that (2) If entry (2) is less that (4) If entry (4) is less that (5) If entry (5) is less that	n 20, change entr n entry (5), entry (y (2) to "20". (6) is "0".	METH	OD OF P		TOTA	L FE	ES DUE =	\$465
(2) If entry (2) is less tha (4) If entry (4) is less tha (5) If entry (5) is less tha	n 20, change entr n entry (5), entry (n 3, change entry	y (2) to "20". (6) is "0". (5) to "3".	METH	OD OF P	AYMENT	TOTA	L FE	ES DUE =	\$465
(2) If entry (2) is less tha (4) If entry (4) is less tha (5) If entry (5) is less tha [X] Check el	n 20, change entr n entry (5), entry (n 3, change entry	y (2) to "20". (6) is "0". (5) to "3".	_		AYMENT	TOTA	LFE	ES DUE =	\$465
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